

**Interim Designation of Agent to Receive Notification  
of Claimed Infringement**

**Full Legal Name of Service Provider:** Connecticut College

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** \_\_\_\_\_

**Address of Service Provider:** 270 Mohegan Avenue New London CT 06320

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Robert Renaud

**Full Address of Designated Agent to which Notification Should be Sent** (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location): Information Services 270 Mohegan Avenue New London CT 06320

**Telephone Number of Designated Agent:** (860) 439-5145

**Facsimile Number of Designated Agent:** (860) 439-2871

**Email Address of Designated Agent:** rren@conncoll.edu

**Signature of Officer or Representative of the Designating Service Provider:**  
\_\_\_\_\_  
**Date:** 12.8.99

**Typed or Printed Name and Title:** Acting Dean of Information Services and  
Librarian of College

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee  
Made Payable to the Register of Copyrights.**

**RECEIVED**

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